**FORM RP-10** 

## DEPARTMENT OF REVENUE ADMINISTRATION

	J	J	
OFFICE	USE	ONLY	

For the CALEN	NDAR vear or of	INTERI ther tax year beginn	est and divide	NDS TAX R and ending	1 1	OFFICE	USE ONLY		
Due	Date for CALEN	DAR veer is on or h	Mo Day War before April 15, 1992 or	15th day of 4th	Mo Day Year month after the cl	ose of the fiscal per	iod.		
STEP 1	Last Name	DAN YEAR IS ON OF D	First name & initial	Total day of Hart	SOCIAL SECURITY				
Place	Spouse's Last name		First name & initial		- GOODAL GEOGRATI				
LABEL HERE	Name of Partnership,	Fiduciary			SPOUSE'S SOCIAL	SECURITY NUMBER			
Otherwise, please print									
or type		and the second section of the section of			FEDERAL IDENTIFIC	CATION NUMBER (Partnersh	ip & Fiduciary)		
and the second of the second o	City or Town, State ar	nd Zip Code	en la companya de la		<u> </u>				
STEP 2	ENTITY TYPE FROM YOUR FEDERAL INCOME TAX RETURN								
Entity Type	1 —	CHECK ONE JAL/JOINT ①	A. Taxable Intere	•	<b>DIVIDUAL/JOINT only</b> a of IRS Form 1040 or				
and Federal Information	1 =	RSHIP 3				0 or 1040A)			
and Special	FIDUCIA	RY ④			orm 1040 or 1040A)				
Return Type	- 🗆 INITIAL	RETURN	AMENDED RETURN	I FINA	L RETURN	☐ SHORT PERIO	OD RETURN		
STEP 3	☐ Establish	ed	d residency in New Ha	mpshire during	1991	. Date moved	day year		
Questions	Check he	are if this return incl	udes income of a dece	ased taxnaver	!				
			of deceased taxpayer			month	day year		
	☐ Check he	re if the IRS made	adjustments to your Fe	deral Income Ta	x Return that you	have not previously	reported.		
	Submit cl		parate cover. Use form						
STEP 4		COM	IPLETE PAGE 2	BEFORE CO	MPUTING T	'AX			
STEP 5	6. Gross Ta	xable Income from	line 5, page 2			6.			
Figure Your			100 Joint, \$0 others						
Net Taxable			ne 6 less line 7)						
Income		FOR INDIVIDUAL/JOINT FILERS ONLY: IF LINE 8 IS ZERO OR LESS, YOU ARE NOT REQUIRED TO FILE							
	HOWEVER,	HOWEVER, TO BE REMOVED FROM OUR MAILING LIST CHECK HERE AND MAIL IN THE RETURN.  9. Check the exemptions that apply  Partnership  Fiduciary  Blind  Spouse Blind							
		e exemptions that a r over) or disabled							
			Space of Birth	00 - 00 (01 0ve	I) OI disabledY	ear of Birth			
			less line 9)						
OTED 6	†···								
STEP 6	Bt .	•	nd Dividends Tax (line						
Figure Your Tax, Credits,	1	, ,	oucher/Extension (RP- 1991 Declaration of Es						
Interest			r from prior years						
and Penalty			al return (amended ret						
			r payments (Attach Schedi		i i	12.			
	13. Balance	of Tax Due (line 11	less line 12)		· · · · · · · · · · · · · · · · · · ·	<u></u> .13.			
	14. Additions	to Tax: (a) Interest	t (see instructions)		14(a)				
		, ,	to Pay (see instructions)						
		` '	to File (see instructions)		• • •				
		, , ,	payment of Estimated T		* * 1	<del></del>			
	-	(e) Substa	ntial Understatement (s	ee instructions)	14(e) L	14			
STEP 7	15. Total Bai	ance Due (line 13 r	olus line 14) If less than \$ (Make check payable to: St	1.00 do not pay	· · · · · · · <u>· · · · · · · · · · · · </u>				
Figure Your Balance							<del>- 1</del>		
Due or Overpayment	17. Apply Ov		Credit on 1992 estimate						
	11.		Refund — Please allow 12 have examined this return and	·	-	, ,			
STEP 8			d on all information of which h			a complete. Il prepared b	yapı sən otner		
	Signature of taxpayer Date Signature of paid preparer other than tax						Date		
O F F	?								
i C E	in joint return, BOTT		even if only one had income	Date	<del></del>	r's Identification Number			
			ead of receiving an Inte st a mailing label that y				]		
U S F		1	tion may we contact yo		Yes		\_ \_ No		
5	I ohaiai	<u> </u>	· · · · · · · · · · · · · · · · · · ·		TAX	(PAYER'S SIGNATURE			

FORM RP-10

## REPORT OF INTEREST AND DIVIDENDS INCOME TAX YEAR 1991

SOURCE		COLUMN 1		COLUMN 2			
LIST ALL PAYERS AND AMOUNTS IN PARTS A, B, C & D WHETHER TAXABLE BY THE STATE OR NOT		6 A, B, C & D	ENTER ALL AMOUNTS AS SH ON YOUR FEDEI RETURN	OWN	ENTER ONLY THE AMOUNTS THAT ARE TAXABLE TO NEW HAMPSHIRE		
PARI A	- INTEREST INCOME (See instructions)					<del></del>	
			\$		\$		
				<del>                                     </del>	-		
			1	<del>                                     </del>	<del></del>		
				$\vdash$	·		
		ı					
		<del></del>					
Amount	from any supplemental schedule attached						
	for Part A - Column 1 must agree with Step 2, I	ine A on nage 1	s				
		ine A, on page 1	9		\$		
PAHI B	- DIVIDEND INCOME (See instructions)				Γ		
			\$		\$		
	rom any supplemental schedule attached						
SUB TOT			\$		\$		
(Indiv	ER THE TOTAL CAPITAL GAINS PORTION OF AL vidual/Joint filers: from your 1040, Schedule B, line	? 7)(a)					
(Indiv	ER THE TOTAL RETURN OF CAPITAL PORTION ( /idual/Joint filers: from your 1040, Schedule B, line	DF ALL DIVIDENDS					
(c) ENT	ER THE TOTAL OF (a) and (b)	(c)					
2. Totals	for Part B — SUB TOTAL less Line (c)						
Colu	mn 1 must agree with Step 2, line C, on page 1		\$		\$		
PART C -	FEDERAL EXEMPT INTEREST INCOME List ind	ividual payers (See instructions)	•				
•			\$		\$		
					ļ		
Amount fr	rom any supplemental schedule attached				·		
	for Part C - Column 1 must agree with Step 2, lie	ne B. on page 1	s		\$		
	OTHER INCOME SUBJECT TO INTEREST & DIV						
ENTITY TYPE							
1176	PAYER'S IDENTIFICATION NUMBER	NAME OF PAYER	<u> </u>			<del></del>	
					\$		
4. Total P	art D				\$		
5. Enter 1	otal Taxable Amounts From Column 2, Parts A,	B, C & D here			Ψ		
Also, e	nter same amount on line 6, page one of this return	1			\$		